Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			35					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			35 minus 20=		•	5/		X\$ 9=	٠	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•	0		X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		/			+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST								SMALL		OR	OTHER SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 35	Minus	6	35	E		X\$ 9=		OR	X\$18=	
	Independent	.3	Minus ••• 2		3	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OF	+270=	
TOTAL ADDIT, FEE OR ADDIT, FEE												
		L	ADDII, I EE		•	,						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		s		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	T.CL AIM	-		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	IULTIPLE DEF	ENDEN	COAM		J	+135=		OR	+270=	
								TOTAL ADDIT. FEE		]OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3	1			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus			=		X\$ 9=		OR	X\$18=	·
	Independent	•	Minus	•••				X40=		OR	X80=	
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number